

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Enterprise City School District
502 E. Watts Street
Enterprise, AL 36331-1790

COMPLETE THIS SECTION ON DELIVERY

A. Signature x Gladys Welch		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Gladys Welch		C. Date of Delivery 7/17/06
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery <input type="checkbox"/> Yes		

06 CW 548 37C

2. Article Number
(Transfer from service)

7005 1820 0002 3461 **SCANNED**

2811 February 2004

Domestic Return Receipt

102595-02-M-1540